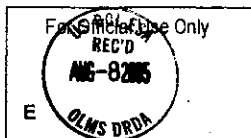


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U-524 5223</u> United Association of Plumbers & PF	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name John F. Greenwood 711 Corey Street Scranton, Pennsylvania 18505 P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	4. Name, file number, and address of labor organization. Name United Association of Plumbers & PF Local Union 524 Labor Organization File Number 24-0579955 016187 P.O. Box, Building and Room Number, if any Street 711 Corey Street City Scranton State Pennsylvania ZIP Code + 4 18505
5. Position in labor organization. Business Manager L-524 & Intl' Vice President D-2	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Jack Greenwood

On July 8, 2004
Date

570-347-9214
Telephone Number

Name of Person Filing	John F. Greenwood	File Number U-	UA Local 524
-----------------------	-------------------	----------------	--------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name O'Donahue & O'Donahue Law Firm</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4748 Wisconsin Ave. NW</p> <p>City Washington, D.C.</p> <p>State District of Columbia Code + 4 20016</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Law Firm Business dinner meeting March 2004</p> <p>11.b. Approximate dollar value of such dealing. 1 million plus</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting</p> <p>12.b. Amount. approx. \$125.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>